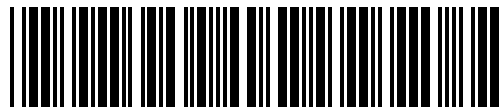




## Appointment of Director

Company Name: **CENTRE FOR MEDIEVAL AND RENAISSANCE STUDIES LIMITED**

Company Number: **01234758**



Received for filing in Electronic Format on the: **19/04/2021**

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### New Appointment Details

Date of Appointment: **18/03/2021**

Name: **MR IAN WALLACE ARCHER**

The company confirms that the person named has consented to act as a director.

Service Address: **KEBLE COLLEGE PARKS ROAD  
OXFORD  
ENGLAND  
OX1 3PG**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/07/1960**

Nationality: **BRITISH**

Occupation: **UNIVERSITY LECTURER**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**